Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October, 1, 2003									<u>1072</u>	<u>26</u>	57	
		CLAIMS A	S FILED - PART I (Column 1)		(Column 2)			MALL E	NTITY	OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			19				- [RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		E	BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			minus 20= *			ø		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			# minus 3 = * (X43=		OR	X86=	86
ML	JLTIPLE DEPEI	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* If	the difference	e in column 1 is	less than zero, enter "0" in column 2				L	TOTAL		OR	TOTAL	296
CLAIMS AS AMENDED - PART II]	OTHER	THAN
		(Column 1)				(Column 3)	. :	SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus			=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
		L	TOTAL	_	'	TOTAL						
		AD	DIT. FEE		,	ADDIT. FEE						
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*.	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		-		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
							AD	TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	. ,	HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		(\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145=		_	+290=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR L	TOTAL DDIT. FEE	
***	f the "Highest Nur	mber Previously Pa ber Previously Paid	id For" IN THI	S SPACE is	less than	n 3. enter "3."		OIT. FEE L in the appi	opriate box			